



Planned cross-border healthcare

PD S2 Questionnaire

June 2014

Prof. dr. Jozef Pacolet & Frederic De Wispelaere
HIVA – KU Leuven

Social Europe

Network Statistics FMSSFE



RESEARCH INSTITUTE FOR WORK AND SOCIETY



international research institute
on social fraud



This report has been prepared in the framework of Contract No VC/2013/0301 'Network of Experts on intra-EU mobility – social security coordination and free movement of workers / Lot 2: Statistics and compilation of national data'. This contract was awarded to Network Statistics FMSSFE, an independent research network composed of expert teams from HIVA (KU Leuven), Milieu Ltd, IRIS (UGent), Szeged University and Eftheia bvba. Network Statistics FMSSFE is coordinated by HIVA.

Authors:

Prof. dr. Jozef Pacolet, Head of the 'Welfare State' research group, HIVA Research Institute for Work and Society, University of Leuven (KU Leuven).

Frederic De Wispelaere, Senior research associate, HIVA Research Institute for Work and Society, University of Leuven (KU Leuven).

Peer reviewers:

Prof. dr. József Hajdú, Head of the Department of Labour Law and Social Security, Szeged University.

Gabriella Berki, Professor Assistant at the Department of Labour Law and Social Security, Szeged University.

Suggested citation:

PACOLET, J. and DE WISPELAERE, F., *Planned cross-border healthcare – PD S2 Questionnaire*, Network Statistics FMSSFE, European Commission, June 2014, 29 p.

Disclaimer:

This document has been prepared for the European Commission. However, it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

© European Union, 2014

Reproduction is authorised provided the source is acknowledged.

Table of Contents

List of Tables	iv
List of Figures	v
Executive Summary	1
1. Introduction	2
2. The number of PDs S2 issued and received	4
2.1. The current flow of PDs S2 between MSs.....	4
2.2. 2013 vs 2012: a comparison	9
2.3. Differences between issuing and receiving flows of PDs S2	10
3. Treatment of the request and reasons for refusal.....	11
4. Parallel schemes	16
5. Conclusion	18
Annex 1 The existence of parallel schemes.....	19
Annex 2 Additional analysis of PDs S2 issued and received and refused requests	21
Annex 3 Country abbreviations.....	25
Annex 4 PD S2 Questionnaire.....	26

List of Tables

Table 1	The number of PDs S2 issued, breakdown by receiving MS, 2013	7
Table 2	The number of PDs S2 received, breakdown by issuing MS, 2013	8
Table 3	The number of PDs S2 issued and received, 2012-2013	10
Table 4	The number of PDs S2 refused, breakdown by the proposed MS of treatment, 2013	12
Table 5	The number of requests PD S2 refused and accepted, 2013	13
Table 6	Reasons for refusal to issue a PD S2, 2013 (as a % of the total of refused requests)	14
Table 7	The percentage of contested decisions to refuse to issue a PD S2, 2013	15
Table 8	Care (not) included in the services provided for by the national legislation, 2013	17
Table A1.1	<i>The existence of parallel schemes, 2013</i>	19
Table A2.1	<i>The percentage of insured persons who received a PD S2, 2013</i>	21
Table A2.2	<i>PDs S2 issued, breakdown by receiving MS, 2013 (column %)</i>	22
Table A2.3	<i>PDs S2 received, breakdown by issuing MS, 2013 (column %)</i>	23
Table A2.4	<i>The percentage of refused requests, 2013</i>	24
Table A3	<i>Country abbreviations</i>	25

List of Figures

Figure 1	The current and future flow of documents applicable to planned healthcare treatment in another MS	4
Figure 2	The net balance between PDs S2 issued and received, 2013	9

Executive Summary

- The collection of data on the Portable Document (PD) S2 which certifies the entitlement to scheduled treatment abroad under Regulations (EC) Nos 883/04 and 987/09 was for the second time provided by Member States on a voluntary basis. It now covers the year 2013, and information was provided by 20 Member States. Data from a considerable number of issuing and receiving Member States are missing.
- Some 30,541 PDs S2 were issued in 20 reporting countries, of which Luxembourg alone issued 17,539 PDs S2. Some 7,265 PDs S2 were received in 13 Member States reporting figures. However, the issuing and receiving flows are difficult to compare since they refer to different periods of time.
- The number of PDs S2 issued by Member States for planned cross-border healthcare seems to be rather limited observing that only for about 15 out of 100,000 insured persons was a PD S2 issued in 2013.
- Some 1,400 requests for a PD S2 were refused by 17 reporting Member States, representing 4.7% of the total number of requested PDs S2. The fact that care may be delivered within a medically acceptable period in the competent Member State is on average the most frequent reason to refuse a request (51.5% of refusals). Another 6.3% of refusals was related to the fact that the required care was not included in the services provided for by the legislation of the issuing Member State.
- Despite the fact that the obligation for issuing the prior authorisation set out in Article 20 of Regulation (EC) No 883/2004 refers to treatments that are among the benefits provided by the Member States providing the authorisation, a number of Member States will issue a PD S2 also for care that is not included in the services provided for by their legislation.
- Planned cross-border healthcare is significantly broader than only the PD S2 scheme. Several Member States report the existence of parallel procedures.
- There is no clear view on the main grounds to receive planned cross-border healthcare. Push and pull factors may have an impact. Geographical proximity is only one possible reason, and only applicable to a number of Member States.

1. Introduction

The Portable Document S2 (PD S2) 'Entitlement to scheduled treatment' (old E112 form) certifies the entitlement to planned health treatment in a Member State (MS) other than the competent MS of the insured person.¹ A questionnaire on the 'old' E112 form was introduced between 2006 and 2008. The questionnaire was re-launched in 2013 for the collection of data on PD S2 of reference year 2012. This report on the collection of data on PD S2 applies to reference year 2013 and was provided by the MSs on a voluntary basis.

The scope of the present questionnaire was agreed in general terms with the delegations at the meeting of the Working Party of the Administrative Commission (AC) on cross-border healthcare on 17 April 2013. The finalised version of the questionnaire included in note AC 217/13 was approved by the majority of the MSs at the 335th meeting of the AC.

The data collection should provide important information on the application of Regulation (EC) No 883/2004² but also on the future impact of Directive 2011/24/EU.³ Differences in material scope⁴ and procedures with regard to prior authorisation⁵ and the reimbursement of costs⁶ between both may have an impact on the future evolution of the number of PDs S2 used.⁷

¹ Relevant for the EU/EEA countries and Switzerland.

² Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems. See also Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems.

³ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

⁴ "... The Directive covers all providers, including non-contracted or private providers, while Regulation (EC) No 883/2004 does not impose any obligation on the MSs with regards to treatment given by providers who are not subject to the national legislation of the MS of treatment, such as certain non-contracted or private providers" (EC, 2012, 'Guidance note of the Commission services on the relationship between Regulations (EC) Nos 883/2004 and 987/2009 on the coordination of social security systems and Directive 2011/24/EU on the application of patients' rights in cross border healthcare', AC 246/12, p. 4).

⁵ The scope of Article 20 of Regulation (EC) No 883/2004 and Article 26(A) of Regulation (EC) No 987/2009 should be compared with the scope of Article 8 of Directive 2011/24/EU. "As a rule, under the Regulations prior authorisation is a necessary requirement for receiving planned treatment in another MS. Under the Directive, a requirement of prior authorisation is not the rule. The MS of affiliation may provide for a system of prior authorisation only for certain kinds of cross-borders healthcare and only in so far as it is necessary and proportionate to the objective to be achieved, and not constitute a means of discrimination or an obstacle to the free movement of patients" (Ibid., p. 7). There is also a difference in procedure when residence is outside the competent MS. "When an insured person resides outside the MS of affiliation, the Directive can be used to request prior authorisation, if applicable, ... directly from the MS of affiliation, subject to the specific conditions of the Directive. The procedure set out in Article 26 of Regulation (EC) No 987/2009 determines that the insured person and members of the family submit in the MS of residence a request for prior authorisation in order to receive planned treatment in another MS. The prior authorisation is issued by the competent MS on the basis of an assessment made by the MS of residence" (EC, 2012, 'Guidance note of the Commission services on the relationship between Regulations (EC) Nos 883/2004 and 987/2009 on the coordination of social security systems and Directive 2011/24/EU on the application of patients' rights in cross border healthcare', AC 246/12, p. 19 and p. 21). See also Hennion, S. & Kaufmann, O. (2014), *Unionsbürgerschaft und Patientenfreizügigkeit – EU Citizenship and Free Movement of Patients – Citoyenneté Européenne et Libre Circulation des Patients*, Springer, 437 p.

⁶ The scope of Article 20(2) of Regulation (EC) No 883/2004 and Article 26(B)(C)(D) of Regulation (EC) No 987/2009 should be compared with the scope of Article 7(4) of Directive 2011/24/EU. E.g. "The procedures and level of reimbursement of planned treatment under the Regulations and the Directive are different. Under the Regulations, reimbursement of healthcare received in the MS of treatment takes place in accordance with the legislation and tariffs of this MS. Under the Directive reimbursement takes place in accordance with the legislation and tariffs of the MS of affiliation" (EC, 2012, 'Guidance note of the Commission services on the relationship between Regulation (EC) Nos 883/2004 and 987/2009 on the coordination of social security systems and Directive 2011/24/EU on the application of patients' rights in

To facilitate the understanding of the frequently used terms, *Figure 1* provides an overview of the potential exchange of documents between the involved MSs and the citizen. It enables us also to identify some of these exchanges.

The insured person has to apply for a prior authorisation to receive a planned treatment outside the MS of residence / competent MS. Whether (or not) the insured person resides in the competent MS will influence the administrative procedure.⁸ If the insured person resides in the competent MS, (s)he must request a prior authorisation directly from the institution of the competent MS. In the event of a positive conclusion by the competent MS, a PD S2 will be granted to the insured person. If the insured person resides outside the competent MS, (s)he must request a prior authorisation from the institution of the MS of residence. The MS of residence will forward this request to the competent MS (using SED S009 '*Request for entitlement document – scheduled treatment outside Member State of residence*'). However, the MS of residence will examine whether the conditions to issue a PD S2 are met and will inform the competent MS of its conclusion using SED S009. Nevertheless, the competent MS still has the possibility to ask for additional information (e.g. request for a medical examination⁹) using SED S075 '*Request additional info – scheduled treatment outside Member State of residence*' (reply using SED S076 '*Reply to Request additional info – scheduled treatment outside MS of residence*'). Finally, the competent MS informs the MS of residence whether the authorisation has been granted or not (using SED S010 '*Reply to request for Entitlement Document – scheduled treatment outside MS of residence*'). If the conclusion is positive, a PD S2 will be granted to the insured person. Also the entitlement period (start and end date) will be indicated on SED S010 and PD S2.

The competent MS, prior to issuing a PD S2, needs to know if the particular treatment is provided by the MS of stay and this within a time limit which is medically justifiable (request using SED S014 '*Request for information as if treatment is provided for by Member State of Stay – Scheduled Treatment*' and reply using SED S015 '*Information if treatment is provided for by Member State of stay – scheduled treatment*'). Also the estimated cost of the treatment could be asked by the competent MS using SED S014 (which will be answered using SED S015).

Finally, the MS of stay could ask for an extension of the entitlement period using SED S035 '*Request for extension of entitlement document – scheduled treatment*'. The competent MS has to acknowledge the receipt of the request using SED S036 '*Acknowledgement of request for extension of entitlement document – scheduled treatment*'. The competent MS then informs the MS of stay about whether the extension of the entitlement document has been granted or not (using SED S037 '*Reply to request for extension of entitlement document – scheduled treatment*'). If the entitlement is extended, no new PD S2 will be granted to the insured person.

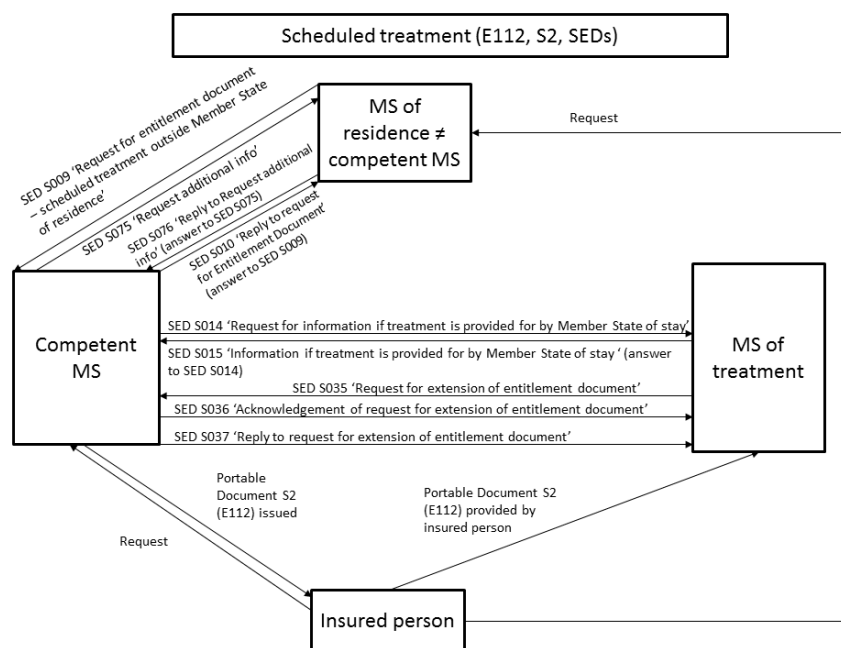
cross border healthcare', AC 246/12, p. 14). See also Hennion, S. & Kaufmann, O. (2014), *Unionsbürgerschaft and Patientenfreizügigkeit – EU Citizenship and Free Movement of Patients – Citoyenneté Européenne et Libre Circulation des Patients*, Springer, 437 p.

⁷ As the Directive was transposed only at the end of last year, we can consider the data collection for 2013 as a baseline measurement.

⁸ If the insured person does not reside in the competent MS: see Article 26(2) of Regulation (EC) No 987/2009.

⁹ See Article 26(2) of Regulation (EC) No 987/2009.

Figure 1 The current and future flow of documents applicable to planned healthcare treatment in another MS



Source Own figure based on SEDs

2. The number of PDs S2 issued and received

2.1. The current flow of PDs S2 between MSs

Table 1 gives a detailed overview of the PDs S2 issued by 20 reporting MSs.¹⁰ In 2013, these reporting MSs issued a total number of 30,541 PDs S2. Patient mobility, in this report limited to planned cross-border healthcare related to a PD S2, seems to be rather low observing this total figure.¹¹ 57% of the reported PDs S2 were issued by LU (17,539 PD S2 issued).¹² This MS mainly granted PDs S2 to receive scheduled

¹⁰ Reporting MSs: BE, BG, CZ, EE, IE, EL, IT, LV, LT, LU, HU, MT, NL, PL, PT, RO, SK, FI, UK and LI.

¹¹ However, limited to the application of Regulation (EC) No 883/2004. Also Directive 2011/24/EU or other parallel procedures defined by MSs will influence planned cross-border healthcare.

¹² Below, possible reasons for planned cross-border mobility from / to a MS are discussed. A possible reason for the high number of PDs S2 issued by LU could be the fact that "In some MSs, especially in the smaller ones, it may not be convenient to provide some medical treatments in their territories. Thus, patients from smaller MSs are more likely to travel to another MS to receive a particular care that is not provided in their MSs of affiliation" (Forchielli, F., Fusco, M., Pessina, E., Domeniconi, W., Ricciardi, W. (2008), *Patient mobility in the European Union. Study on Legislative Proposals on Patients' Rights in Cross-Border Health Care*, European Parliament, p. 14. Jorens, Y. (2007, *Cross-border health care: E112*, trESS, p.12) reports that "in some countries, treatments for some diseases might not be available for lack of sufficient cases (due to the small population) or because treatment facilities have not been developed due to the very specialised character of the treatment. ... This is the case in, inter alia, ... Luxembourg". When certain treatments are not provided by a national healthcare system, the reason behind this can be purely economic if financing the treatment or setting up the necessary infrastructure were too expensive and uneconomic. This is the case for highly specialised treatments, which would result in unprofitable investments if the population of the MS is rather small. See among others Glinos, I. & Baeten, R. (2006), *A literature Review of Cross-Border Patient Mobility in the European Union*, Brussels, European Observatory on Health Systems and Policies, p. 6.

treatment in a neighbouring MS (DE, BE and FR). Also BE¹³, IT, NL, UK and PL issued more than one thousand prior authorisations in 2013 while PL, FI, PT, LT and MT issued less than one hundred PDs S2. No total figure on the number of PDs S2 issued by the EU/EEA countries and Switzerland is yet available. However, we estimate that in total more than 50,000 PDs S2 were issued. This estimate is based on the average percentage of insured persons who received a PD S2 from a reporting MS (15 out of 100,000 insured persons – see below).

These absolute figures could be confronted with the total number of insured persons (*Table A2.1 – Annex 2*). For about 15 out of 100,000 insured persons a PD S2 was issued in 2013.¹⁴ We observe a rather high patient mobility for persons insured in LU (2 out of 100 insured persons) and LI (7 out of 1,000 insured persons).

A breakdown by receiving MS makes it possible to determine the highest bilateral flows. *Table A2.2* (Annex 2) provides the share of the receiving MS of the total number of PDs S2 issued by the competent MS (*as a percentage of the total number of PDs S2 issued by the competent MS*). This *Table* also visualises the three MSs for which the highest number of PDs S2 were issued by each of the competent MSs separately. The main receiving MSs for the reporting competent MSs (*in terms of PDs S2 received as well as in terms of the number of times in the top 3 as receiving MS*) are DE, FR and BE.

No distinction could be made in the number of PDs S2 issued between insured persons residing *in or outside* the competent MS. As described above, the administrative procedure will be different for both cases.

Only 13 MSs¹⁵ provided figures on the number of PDs S2 received (*Table 2*). BE received 3,318 PDs S2 during the first semester of 2013 mainly issued by neighbouring MSs (NL, LU, FR and DE).¹⁶ Based on *Tables 1* and *3* also DE and FR should receive a high number of PDs S2. However, these MSs did not provide any data on the number of PDs S2 received in 2013. LU and UK also received more than one thousand PDs S2 in 2013. This is in contrast to BG, IE, LV and RO, which received less than 10 PDs S2.

Table A2.3 (Annex 2) provides the share of the issuing MS of the total number of PDs S2 received by the receiving MS (*as a percentage of the total number of PDs S2 received by the receiving MS*). This *Table* also visualises the three MSs with the highest number of PDs S2 issued for each of the receiving MSs separately. The main issuing MS for the reporting receiving MSs (*only in terms of the number of times in the top 3 as issuing MS*) are DE and UK.

It would be interesting to determine the main reasons for asking/receiving planned cross-border healthcare (from/to a MS). Different push and pull factors may have an impact on this decision.¹⁷ The treatment should in any case, within the PD S2 scheme,

¹³ BE is also involved in a large number of cooperation agreements in border areas (i.e. IZOM, ZOAST ...) where, depending on the cooperation agreement, prior authorisation (using PD S2) often becomes a simple administrative authorisation that is granted automatically. The number of prior authorisations for this type of planned cross-border care is reported separately.

¹⁴ Average of the reporting MSs.

¹⁵ Reporting MSs: BE, BG, CZ, IE, LV, LT, LU, HU, PL, RO, SK, FI and UK.

¹⁶ During the first semester of 2013 BE also received 7,818 authorisations within the ZOAST agreement (issued by FR and LU).

¹⁷ See also European Commission (2007), *Flash Eurobarometer 210 – Cross-border health services in the EU – Analytical Report*, 42 p; Glinos, A. & Baeten, R. (2006), *A Literature Review of Cross-border Patient Mobility in the European Union*, OSE, 114 p.; Wismar, M., Palm, W., Figueras, J., Ernst, K. & van Ginneken,

be provided for by the legislation of the competent MS and the MS of treatment.¹⁸ The fact that the treatment could not be delivered within a medically acceptable period in the competent MS will play an important role.¹⁹ Also other push factors, among others the lack of treatment facilities or expertise in the competent MS may influence the decision to grant a PD S2. Multiple pull factors are thinkable to receive a scheduled treatment in one particular MS (e.g. proximity, language, medical expertise/quality, financial reasons (e.g. reimbursement rates, out-of-pocket expenses ...)).

The extent of the importance of all these push and pull factors should be verified. However, the current PD S2 Questionnaire did not ask MSs to provide qualitative input on this issue. Based on the current quantitative input some first analyses could be made. We have verified the importance of proximity to receive/issue a PD S2. Tables A2.2 and A2.3 (Annex 2) visualise the percentage of PDs S2 issued by / received from a neighbouring MS. About 80% of the reported PDs S2 are issued by a neighbouring MS. Most of the PDs S2 issued by BE, CZ, IE, IT, LV, LU, NL, MT, PL, SK and LI are applicable to a neighbouring MS (*Table A2.2*). BG, EE, EL, LT, HU, PT, RO, FI and UK issued less than 50% of the PDs S2 for a neighbouring MS. BE, CZ, IE, LT, LU, SK, FI and UK received most of the PDs S2 from neighbouring MSs (*Table A2.3*). This is not the case for BG, HU, PL and RO.

E. (2011), *Cross-border Health Care in the European Union. Mapping and analyzing practices and policies*, European Observatory on Health Systems and Policies, 376 p; Jorens. Y (2007), *Cross-border health care: E-112*, trESS, UGent, 18 p.

¹⁸ Article 20(2) of Regulation (EC) No 883/2004. In practice this will not always be the case (see below).

¹⁹ So the existence of waiting lists, which may result in longer waiting times, could influence to a high extent the granting of a prior authorisation. See also Hennion, S. & Kaufmann, O. (2014), *Unionsbürgerschaft und Patientenfreizügigkeit – EU Citizenship and Free Movement of Patients – Citoyenneté Européenne et Libre Circulation des Patients*, Springer, 437 p.

Table 1 The number of PDs S2 issued, breakdown by receiving MS, 2013*

Receiving MS ↓	BE ...	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	EU 28	IS	LI	NO	CH	Tot
BE		61	2			0	14	24				257		1	3	4300	1	0	1014		13	1	23		1	0		45	5760		0		5760	
BG	2	0	0			0	0	0				0		0	0	0	0	0	0		0	0	1		0	0		10	13		0		13	
CZ	2	0	0			0	0	0				7		0	0	5	0	0	2		0	0	1		587	0		44	648		0		648	
DK	1	0	0			0	0	0				0		4	2	1	0	0	0		0	0	0		0	0		3	11		0		11	
DE	530	119	30			20	6	112				839		58	28	10156	95	0	203		44	3	457		52	13		82	12847		1		12848	
EE	1	0	0			0	0	0				0		24	10	0	0	0	0		0	0	0		0	11		1	47		0		47	
IE		0	0			0	0	0				0		0	0	1	0	0	0		0	0	0		0	0		13	14		0		14	
EL	1	1	0			0	0	0				0		0	0	2	0	0	0		0	0	0		0	0		7	11		0		11	
ES	11	1	0			1	0	0				40		0	0	14	0	0	0		0	4	4		0	1		200	276		0		276	
FR	311	19	0			0	0	79				1295		1	1	2483	6	0	10		2	16	121		5	2		134	4485		0		4485	
HR		0	6			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		1	7		0		7	
IT	6	6	0			0	1	82				304		0	0	52	0	14	0		4	2	127		1	1		31	631		0		631	
CY	1	0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		2	3		0		3	
LV		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		1	1		0		1	
LT		0	0			0	0	0				0		66	0	0	0	0	0		0	0	0		0	0		14	80		0		80	
LU	52	0	0			0	0	0				2		0	0	0	0	0	0		0	0	0		0	0		3	57		0		57	
HU		0	1			0	0	0				1		0	0	4	0	0	0		0	1	59		0	0		28	94		0		94	
MT		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		1	0			1		0		1	
NL	226	1	5			1	6	1				24		6	15	47	0	0	0		3	0	5		4	0		19	363		0		363	
AT	2	17	1			0	1	92				179		0	0	24	96	0	0		2	0	236		102	0		12	764		5		769	
PL	1	2	1			0	8	0				18		1	6	3	0	0	0		0	0	1		3	0		423	467		0		467	
PT	1	0	0			0	0	0				0		0	0	37	0	0	0		0	0	0		0	0		3	41		0		41	
RO		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	1		2	3		0		3	
SI		0	0			0	0	0				1		0	0	1	0	0	0		0	0	0		0	0		0	2		0		2	
SK		0	8			0	0	0				3		1	0	0	1	0	0		0	0	1		0	0		96	110		0		110	
FI	1	0	3			16	0	0				2		4	0	3	0	0	1		0	0	0		0	0		5	35		0		35	
SE		6	1			3	28	7				22		2	0	9	1	0	0		2	0	0		1	2		12	96		0		96	
UK	24	1	2			11	617	66				128		4	3	22	5	0	2		13	1	5		4	1		10	919		0		919	
EU28	1173	234	60			52	681	463				3122		172	68	17164	205	14	1232		83	28	1041		761	32		1201	27786		6		27792	
IS		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		0	0		0		0	
LI		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		0	0		0		0	
NO		0	0			0	0	0				0		0	0	0	0	0	0		0	0	0		0	0		1	1		0		1	
CH	17	1	4			0	2	23				1811		2	6	374	129	19	32		5	0	0		8	0		14	2447		255		2702	
N.s.**		0	36			0	0	0				0		0	0	1	0	0	0		0	0	8		0	2		0	46		0		46	
Tot.	1190	235	100			52	683	486				4933		174	74	17539	334	33	1264		88	28	1049		769	34		1216	30280		261		30541	

* blank: non-response.

** N.s.: not specified.

*** BE: + 5,430 authorisations in 2013 of which IZOM agreement: 4,036; ZOAST agreement: 102; main residence in a border region: 748; functional rehabilitation in DE for insured persons living in the German-speaking community and maternity (Decision at the 254th meeting of the AC): 148.

**** IT: search for bone marrow donor within the EU/EEA area.

***** MT: total reported in PD S2 Questionnaire of MT: 23.

***** FI: only for the second semester of 2013. Total 2013= 59 PDs S2 issued.

***** EU28 = 30,305 and total = 30,566 if ***** is taken into account.

Source Administrative data PD S2 Questionnaire 2014 and 2013

Table 2 The number of PDs S2 received, breakdown by issuing MS, 2013*

Issuing MS ↓	BE **(*)	BG	CZ ****	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK *****	FI *****	SE	UK	EU 28	IS	LI	NO	CH	Tot *****
BE		2	2				0							0	0	655	0			2		0		1	1		7	670					670	
BG	26	0	0				0							0	0	0	0			0		0		1	0		2	29					29	
CZ	1	0	0				0							0	0	0	0			1		0		182	0		0	184					184	
DK	3	0	0				0							0	0	0	0			0		0		1	0		12	16					16	
DE	43	1	38				0							0	0	101	32			113		1		21	0		5	355					355	
EE	0	0	0				0							0	0	0	1			0		0		0	16		5	22					22	
IE	3	0	0				0							0	0	0	0			8		0		0	0		868	879					879	
EL	21	0	0				0							0	0	0	0			0		0		0	0		60	81					81	
ES	7	0	8				0							0	0	5	0			3		0		1	9		7	40					40	
FR	269	0	8				0							0	0	316	1			4		0		1	0		5	604					604	
HR		0	0				0							0	0	0	0			0		0		0	0		0	0					0	
IT	150	0	10				0							0	0	2	1			8		0		2	0		54	227					227	
CY		0	0				0							0	0	0	0			0		0		0	0		12	12					12	
LV	2	0	0				0							0	49	0	0			0		0		0	1		2	54					54	
LT		0	0				0							0	0	0	0			7		0		0	0		4	11					11	
LU	1113	0	0				0							0	0	0	2			0		0		0	0		8	1123					1123	
HU	2	0	0				0							0	0	0	0			0		0		1	0		1	4					4	
MT		0	0				0							0	0	0	0			0		0		0	0		0	0					0	
NL	1615	0	1				0							0	0	11	0			5		0		0	0		5	1637					1637	
AT	2	0	6				0							0	0	0	1			1		0		13	0		3	26					26	
PL	12	0	2				0							0	0	0	3			0		0		1	0		5	23					23	
PT	2	0	0				0							0	0	0	0			0		0		0	0		0	2					2	
RO	15	0	2				0							0	0	0	5			0		0		1	0		4	27					27	
SI	2	0	2				0							0	0	0	0			0		0		0	0		4	8					8	
SK	5	0	754				0							0	0	0	0			0		0		0	0		1	760					760	
FI	2	0	0				0							0	0	1	0			0		0		0	0		0	3					3	
SE	4	0	0				0							0	0	0	0			0		0		0	2		3	9					9	
UK	19	2	99				4							0	1	4	2			253		1		64	0		0	449					449	
EU28	3318	5	932			n.a.	4	n.a.				n.a.		0	50	1095	48	n.a.	n.a.	405	n.a.	2		290	29		1077	7255			n.a.		7255	
IS		0	0				0							0	0	0	0			0		0		0	0		0	0					0	
LI		0	0				0							0	0	0	0			0		0		0	0		0	0					0	
NO		0	2				0							0	0	0	0			3		0		0	0		0	5					5	
CH		0	0				0							0	0	0	0			0		0		2	0		3	5					5	
Tot.	3318	5	934			n.a.	4	n.a.				n.a.		0	50	1095	48	n.a.	n.a.	408	n.a.	2		292	29		1080	7265			n.a.		7265	

* n.a.: no data available; blank: non-response.

** BE: only for the first semester of 2013. Figures were obtained from Belgian claims relating to healthcare benefits for which the competent institution granted prior authorisation and which were covered by Belgian institutions during the first semester of 2013.

***BE: + 7,852 authorisations within ZOAST (border regions), 7,818 of which issued by FR and 34 issued by LU.

**** CZ: total reported in PD S2 Questionnaire of CZ: 913.

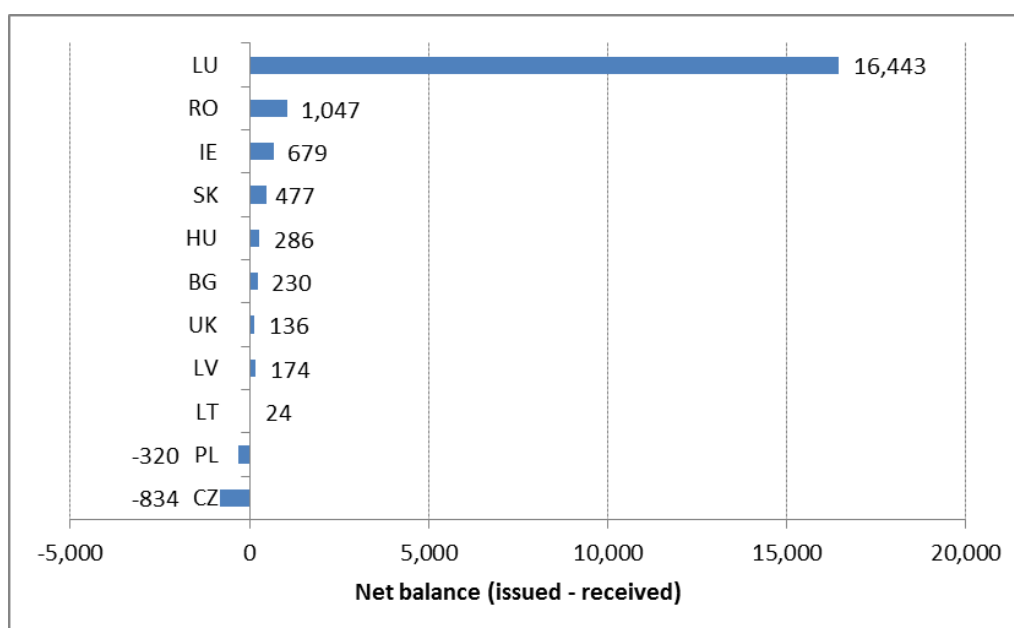
***** FI: only for the second semester of 2013. No total for 2013 reported.

***** Including figures for FI (only for the second semester of 2013) and BE (only for the first semester of 2013).

Source Administrative data PD S2 Questionnaire 2014 and 2013

Figure 2 gives an overview of the net balance of PDs S2 (the number of PDs S2 issued minus the number of PDs S2 received) per MS. Most of the reporting MSs are 'net senders' (LU, RO, IE, SK, HU, BG, UK, LV and LT). Only PL and CZ are 'net recipients'. The net balance will be the result of an interchange of push and pull factors described above.

Figure 2 The net balance between PDs S2 issued and received, 2013*



* n.a.: BE, EE, GR, IT, MT, NL, PT, FI, LI; blank: DK, DE, ES, FR, HR, CY, SI, SE, IS, NO, CH.

Source Administrative data PD S2 Questionnaire 2014

2.2. 2013 vs 2012: a comparison

The current data collection (reference year: 2013) could be compared to the previous one (reference year: 2012). The number of PDs S2 issued (-2.3%) and received (-12.6%) decreased in 2013 compared to 2012.²⁰

Compared to 2012 BG (+82%), EL (+53%), FI (+31%), LV (+12%), UK (+8%), IT (+6%) and SK (+5%) issued more PDs S2 in 2013, while CZ (-64%), NL (-34%), CZ (-25%), IE (-19%), BE (-7%), RO (-7%), PT (-3%) and LU (-1%) issued less forms. HU (+200%), BG (+150%) and PL (+69%) received more forms compared to 2012. RO received the same number of forms and LV (-100%), UK (-28%), BE (-17%), SK (-17%), CZ (-4%) and LU (-2%) received less PDs S2 compared to 2012.

The evolution of the number of PDs S2 issued/received over the past years could be influenced by legislative changes. We might expect a change here in the number of PDs S2 issued in connection with the provisions of Directive 2011/24/EU.²¹

²⁰ Total weighted average of the MSs which reported figures for both years.

²¹ However, it is very uncertain how the Directive might affect the number of PDs S2 issued.

Table 3 The number of PDs S2 issued and received, 2012-2013*

MS	Issued 2013	Issued 2012	% change	Received 2013	Received 2012	% change
BE	1,190	1,280	-7.0%	3,318**	4,019***	-17.4%
BG	235	129	82.2%	5	2	150.0%
CZ	100	281	-64.4%	934	973	-4.0%
DK						
DE						
EE	52			n.a.		
IE	683	847	-19.4%	4	8	-50.0%
EL	486	318	52.8%	n.a.	n.a.	
ES						
FR						
HR						
IT	4,933	4,661	5.8%	n.a.	n.a.	
CY						
LV	174	156	11.5%	0	1	-100.0%
LT	74			50		
LU	17,539	17,765	-1.3%	1,095	1,120	-2.2%
HU	334	300	11.3%	48	16	200.0%
MT	33			n.a.		
NL	1,264	1,940	-34.8%	n.a.	4,782	
AT						
PL	88	118	-25.4%	408	241	69.3%
PT	28	29	-3.4%	n.a.	n.a.	
RO	1,049	1,131	-7.3%	2	2	0.0%
SI						
SK	769	730	5.3%	292	353	-17.3%
FI	59	45	31.1%	n.a.****	n.a.	
SE		81			216	
UK	1,216	1,126	8.0%	1,080	1,491	-27.6%
Selection	30,146	30,856	-2.3%	7,186*****	8,226*****	-12.6%
IS						
LI	261			n.a.		
NO						
CH						
Total				***		

* n.a.: no data available; blank: non-response.

** BE: only for the first semester of 2013.

*** BE.: only for the second semester of 2012.

**** FI: only for the second semester of 2013: 29 PDs S2 received.

***** Including figures for FI (only for the second semester of 2013) and BE (only for the first semester of 2013).

***** Including figures for BE (only for the second semester of 2012)

***** Selection: we have only selected those MSs which reported figures for both years. 16 MSs (BE, BG, CZ, IE, EL, IT, LV, LU, HU, NL, PL, PT, RO, SK, FI and UK) reported the number of PDs S2 issued for 2012 and 2013. 11 MSs (BE, BG, CZ, IE, LV, LU, HU, PL, RO, SK and UK) reported the number of PDs S2 received for 2012 and 2013.

Source Administrative data PD S2 Questionnaire 2014 and 2013

2.3. Differences between issuing and receiving flows of PDs S2

Different reasons may explain the discrepancy between the reported bilateral flows of issuing and receiving PDs S2 (see *Tables 1* and *2*). Firstly, the period of time between the date of the decision to issue a PD S2 and the date the PD S2 was received by the appropriate healthcare institution will have an important impact on the discrepancy between the number of PDs S2 issued and received.²² Secondly, not every insured

²² The questionnaire requested the number of issued PDs S2 determined by the dates of the decisions to issue an authorisation for issuing a PD S2, even if the request for authorisation was received in year-1 and the number of received PDs S2 determined by the dates the PD S2 was received by the appropriate healthcare institution in the reporting country.

person who received a prior authorisation will eventually use this. For these reasons the evolution of the number of PDs S2 received and issued should be observed separately.

3. Treatment of the request and reasons for refusal

About 1,400 requests for a PD S2 were refused by the 17 reporting MSs²³ in 2013 (*Table 4*). LU (613) and BE (366) refused the highest number of requests (*in absolute values*). This is in contrast to LT and LI, which refused none of the requests.

However, in order to obtain the authorisation/refusal rate these absolute values should be confronted with the number of PDs S2 issued (*Table 5* and *Table A2.4 – Annex 2*). In 2013, only 4.7% of the requests for a PD S2 were refused, which implies a very high authorisation rate of 95.3%. FI refused almost 58% of the requests (*Table 5*). BE, CZ, PL and PT also show a rather high refusal rate (higher than 20%). The other MSs refused less than 10% of the applications (BG, EE, GR, LV and SK); IE, IT, LU, RO and UK even less than 5% of the applications; LT and LI even accepted all requests.

But, also bilateral differences between MSs will appear (*Table A2.4 – Annex 2*). Based on the data presented it was assessed whether some MSs of treatment show a higher refusal rate. It is in any case possible that the treatment could not be provided for by the legislation of the MS of treatment or could not be given in the MS of treatment within a time limit which is medically justifiable.²⁴ All applications that indicated IE, HR, CY, MT and SI as the MS where the scheduled treatment will be provided were accepted. However, for these MSs only a low number of PDs S2 are issued by the competent MSs. There is no indication that the authorisation/refusal rate will be influenced by the proposed MS of treatment.

²³ Reporting MSs: BE, BG, CZ, EE, IE, EL, IT, LV, LT, LU, PL, PT, RO, SL, FI, UK and LI.

²⁴ Perhaps also the treatment cost (*requested by SED S014 'Request for information as if treatment is provided for by Member State of Stay – Scheduled Treatment' and replied by SED S015 'Information if treatment is provided for by Member State of stay – scheduled treatment'*) is a reason to refuse the request by the competent MS or to issue a PD S2 for treatment in a MS with lower costs?

Table 4 The number of PDs S2 refused, breakdown by the proposed MS of treatment, 2013*

Proposed MS of treatment	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	EU	IS	LI	NO	CH	Tot
														***												****				28				****
BE		5	2			0	1	0				4		1		102					1	0	1		1	1		0	119		0		119	
BG	1	0	0			0	0	0				0	0	0		0					0	0	0		1	2		0	3		0		4	
CZ	4	0	0			0	0	0				1		0		2					0	0	0		40	0		0	43		0		47	
DK		0	0			0	0	0				1		1		4					0	0	0		1	0		0	7		0		7	
DE	84	9	14			1	2	18				26		3		357					16	5	13		2	6		0	472		0		556	
EE		0	1			0	0	0				0		2		0					0	0	0		0	25		0	28		0		28	
IE		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
EL	2	1	0			0	0	0				0		0		0					0	0	0		0	0		0	1		0		3	
ES	4	0	0			0	0	0				8		0		6					0	2	2		0	1		2	21		0		25	
FR	111	1	1			0	0	2				27		0		78					2	3	3		3	0		2	122		0		233	
HR		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
IT	7	0	1			0	0	1				1*		0		11					2	0	4		0	0		1	21		0		28	
CY		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
LV		0	0			0	0	0				0		0		0					0	0	0		0	1		0	1		0		1	
LT		0	0			0	0	0				0		1		0					0	0	0		0	0		0	1		0		1	
LU	15	0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		15	
HU	2	0	0			0	0	0				0		0		0					0	0	2		2	0		0	4		0		6	
MT		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
NL	111	1	0			0	0	0				1		2		5					0	1	1		0	0		0	11		0		122	
AT	1	2	2			0	1	1				12		0		6					0	0	6		7	0		0	37		0		38	
PL	4	0	0			0	1	0				0		0		2					0	0	0		0	0		0	3		0		7	
PT	1	0	0			0	0	0				0		0		14					0	0	0		0	0		0	14		0		15	
RO		0	0			0	0	0				0		0		2					0	0	0		0	0		0	2		0		2	
SI		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
SK		0	4			0	0	0				1		0		0					0	0	0		0	0		1	6		0		6	
FI	1	0	0			5	0	0				0		0		0					0	0	0		0	0		0	5		0		6	
SE		0	0			0	2	0				2		1		4					0	0	0		0	1		0	10		0		10	
UK	9	0	0			0	19	12				2		0		5					3	0	1		0	0		0	42		0		51	
EU28	357	19	25			6	26	34				86		11	0	598	n.a.	n.a.	n.a.		24	11	33		57	37		6	973		0		1330	
IS		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
LI		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
NO		0	0			0	0	0				0		0		0					0	0	0		0	0		0	0		0		0	
CH	9	0	0			0	0	0				21		0		15					0	0	1		1	1		0	39		0		48	
Tot.	366	19	25			6	26	34				107		11	0	613	n.a.	n.a.	n.a.		24	11	34		58	38		6	1012		0		1378	

* n.a.: no data available; blank: non-response.

** IT: search for bone marrow donor within the EU/EEA area.

*** LV: 2 forms not specified. Total 2013 = 13.

**** FI: only for the second semester of 2013. Total 2013= 81 PD S2 refused.

***** Total = 1,423 PDs S2 refused if *** and **** are taken into account.

Source Administrative data PD S2 Questionnaire 2014

Table 5 The number of requests PDs S2 refused and accepted, 2013*

Issuing MS	Number of PDs S2 issued (A)	Number of PDs S2 refused (B)	Total (= number of requests) (C)	% accepted (A/C)	% refused (B/C)
BE	1190	366	1556	76.5%	23.5%
BG	235	19	254	92.5%	7.5%
CZ	100	25	125	80.0%	20.0%
DK					
DE					
EE	52	6	58	89.7%	10.3%
IE	683	26	709	96.3%	3.7%
EL	486	34	520	93.5%	6.5%
ES					
FR					
HR					
IT	4,933	107	5,040	97.9%	2.1%
CY					
LV	174	13	187	93.0%	7.0%
LT	74	0	74	100.0%	0.0%
LU	17,538	613	18,151	96.6%	3.4%
HU	334	n.a.	n.a.	n.a.	n.a.
MT	33	n.a.	n.a.	n.a.	n.a.
NL	1,264	n.a.	n.a.	n.a.	n.a.
AT					
PL	88	24	112	78.6%	21.4%
PT	28	11	39	71.8%	28.2%
RO	1,049	34	1,083	96.9%	3.1%
SI					
SK	769	58	827	93.0%	7.0%
FI	59	81	140	42.1%	57.9%
SE					
UK	1,216	6	1,222	99.5%	0.5%
EU28	29,115	1,057	30,172	95.3%**	4.7%**
IS					
LI	261	0	261	100.0%	0.0%
NO					
CH					
Total	29,376	1,057	30,433	95.3%**	4.7%**

* n.a.: no data available; blank: non-response.

** Weighted average EU28: MS is only taken into account when columns (A) and (B) are known.

Source Administrative data PD S2 Questionnaire 2014

The fact that care may be delivered within a medically acceptable period in the competent MS is on average the most frequent reason to refuse a request for a PD S2 by the reporting competent MSs (52% of refusals) (*Table 6*). It was the main reason for BG, CZ, EE, IE, EL, IT, HU, PL, PT, SK and FI. On average 6% of the requests were refused by the reporting competent MSs because the care in question was not included in the services provided for by the legislation of the competent MS, however this was not the main reason to refuse requests for any reporting MS. Finally, for 42% of the refusals other circumstances were the main reason to refuse a request.²⁵ BE, LV, LU, RO and UK indicated 'other reasons' to refuse most of the applications.

²⁵ Also reasons within the MSs of stay could have an impact on the refusal of an application (e.g. treatment is not provided for by the legislation of the MS of stay or not given within a time limit which is medically justifiable or has a (very) high expected cost ...).

Table 6 Reasons for refusal to issue a PD S2, 2013 (as a % of the total of refused requests)*

Issuing MS	The care in question is not included in the services provided for by the legislation of your MS	The care in question may be delivered within a medically acceptable period in the competent MS	Other circumstances (e.g. incomplete file, non-compliance with procedures, institution requesting a second opinion ...)
BE	3.0%	42.9%	54.1%
BG	0.0%	100.0%	0.0%
CZ	36.0%	44.0%	20.0%
DK			
DE			
EE	0.0%	100.0%	0.0%
IE	0.0%	69.2%	30.8%
EL	12.5%	75.0%	12.5%
ES			
FR			
HR			
IT	6.5%	81.3%	12.1%
CY			
LV	38.5%	0.0%	61.5%**
LT			
LU	4.4%	47.5%	48.1%
HU	0.0%	100.0%***	0.0%****
MT	0.0%	0.0%	0.0%
NL	n.a.	n.a.	n.a.
AT			
PL	37.5%	62.5%	0.0%
PT	9.1%	90.9%	0.0%
RO	35.3%	5.9%	58.8%
SI			
SK	1.7%	58.6%	39.7%
FI	2.6%	94.7%	2.6%
SE			
UK	0.0%	0.0%	100.0%
EU28	6.3%	51.5%	42.2%
IS			
LI	0.0%	0.0%	0.0%
NO			
CH			
Total	6.3%	51.5%	42.2%

* n.a.: no data available; blank: non-response.

** LV: 3 due to the death of the patient; 4 incomplete files; 1 patient withdrew its application.
*** HU: please note that these data involve all refusals of planned treatments abroad and not only refusals of requests for issuing PDs S2.

**** Remark of HU: "Reasons mentioned in the field are administrative issues. They cannot be absolute reasons for refusal".

Source Administrative data PD S2 Questionnaire 2014

The 16 reporting MSs²⁶ received 120 contested decisions to refuse authorisation to issue a PD S2. On average 13% of the decisions to refuse a request were contested (Table 7). This seems a rather high percentage. For example for 2007 "the percentage of refusal decisions which were contested remained very low (in the majority of cases, less than 1%)" (CA.SS.TM. 223/08). In HU 42% of the refused requests were contested.²⁷ Also BG, CZ, EE, IE, GR, LV, SK and FI show a higher percentage of contested decisions compared to the total average of the reporting MSs. In PT, RO and UK none of the decisions to refuse a PD S2 were contested.

Table 7 The percentage of contested decisions to refuse to issue a PD S2, 2013*

MS	Number of contested decisions (A)	Number of refusals (B)	% of contested decisions to refuse to issue a PD S2 (A/B)
BE	n.a.	366	n.a.
BG	3	19	15.8%
CZ	6	25	24.0%
DK			
DE			
EE	1	6	16.7%
IE	4	26	15.4%
EL	8	32	25.0%
ES			
FR			
HR			
IT	n.a.	107	n.a.
CY			
LV	2	13	15.4%
LT	0	0	
LU	56	613	9.1%
HU**	22	52	42.3%
MT	0	n.a.	
NL	n.a.	n.a.	n.a.
AT			
PL	n.a.	24	n.a.
PT	0	11	0.0%
RO	0	34	0.0%
SI			
SK	12	58	20.7%
FI	6	38	15.8%
SE			
UK	0	6	0.0%
EU28***	120	1,378	12.9%
IS			
LI	0	0	
NO			
CH			
Total	120	1,378	12.9%

* n.a.: no data available; blank: non-response.

** HU: please note that these data are for contested decisions on refusing planned treatments abroad and not only for cases concerning PD S2.

*** EU28 weighted average: MS is only taken into account when columns (A) and (B) are known.

Source Administrative data PD S2 Questionnaire 2014

²⁶ Reporting MSs: BG, CZ, EE, IE, EL, LV, LT, LU, HU, MT, PT, RO, SK, FI, UK and LI.

²⁷ However, note that this percentage applies to the contested decisions to refuse planned treatments abroad and not only for cases concerning PDs S2.

4. Parallel schemes

Most of the reporting MSs issued PDs S2 exclusively for care that is included in the services provided for by the legislation of the MS (IT, LV, LT, PL, RO, FI and LI) (*Table 8*). 94% of the PDs S2 issued by EE were related to a treatment which is included in the services provided for by its legislation. BE, CZ and FI issued PDs S2 both for care included and not included in the services provided for by their national legislation. Only in EL and PT PDs S2 were issued exclusively for care that is not included in the services provided for by the legislation of these MS.

Several MSs reported the existence of parallel procedures (BE, CZ, EE, LU, HU, NL, PT, RO, FI and LI) (*Table A1.1 – Annex 1*). BE is involved, amongst others, in a large number of cooperation agreements in border areas (i.e. IZOM, ZOAST ...) where, depending on the cooperation agreement, prior authorisation (using PD S2) often becomes a simple administrative authorisation that is granted automatically. The number of prior authorisations issued for existing parallel schemes (5,430 in 2013) exceeds to a large extent the number of PDs S2 issued (1,190 in 2013) (see also *Table 1*). CZ has installed an authorisation procedure for cases where the PD S2 cannot be issued.²⁸ Also LU and LI authorise treatment outside the PD S2 scheme. EE states that the authorisation is based on their national legislation and that none of the PDs S2 were issued on the basis of Article 20 of Regulation (EC) No 883/2004 but rather on a 'letter of guarantee'. Only in cases where the MS of stay specifically requested the PD S2, this form was issued.²⁹ Also HU will issue a letter of guarantee for payment to the MS of treatment, but only when the PD S2 is not accepted. In PT a prior authorisation is installed by the Director-General of Health. RO will also reimburse the treatment provided without a prior authorisation.

²⁸ E.g. for care that is not included in the services provided for by the legislation of the competent MS. However, based on *Table 8* we observe that 40% of the PDs S2 are issued for care that is not included in the services provided for by the Czech legislation.

²⁹ For only 52 (22%) of the 232 decisions of planned treatment a PD S2 was issued by EE.

Table 8 Care (not) included in the services provided for by the national legislation, 2013*

MS	For care that is <u>included</u> in the services provided for by the legislation of your MS	For care that is <u>not included</u> in the services provided for by the legislation of your MS
BE**	n.a.	n.a.
BG	n.a.	n.a.
CZ	app. 60%	app. 40%
DK		
DE		
EE	94.2%	5.8%
IE	n.a.	n.a.
EL	0.0%	100.0%
ES		
FR		
HR		
IT	100.0%	0.0%
CY		
LV	100.0%	0.0%
LT	100.0%	0.0%
LU	n.a.	n.a.
HU***	n.a.	n.a.
MT****	n.a.	n.a.
NL	n.a.	n.a.
AT		
PL	100.0%	0.0%
PT	0.0%	100.0%
RO	100.0%	0.0%
SI		
SK	100.0%	0.0%
FI	55.9%	44.1%
SE		
UK*****	n.a.	n.a.
EU28		
IS		
LI	100.0%	0.0%
NO		
CH		
Total		

* n.a.: no data available; blank: non-response.

** BE: 171 PDs S2 issued for treatment which is not possible in BE due to medico-technical reasons. Some of these authorisations may be applicable to care that is not included in the services provided for by the national legislation. At least 1,019 (1,190 – 171) authorisations provided for care that is included in the services provided for by the national legislation.

*** HU: the data given by HU on the PDs S2 issued are based on authorisations which were granted mostly for treatments not available in HU and only in a limited number for treatments included in the Hungarian list of services. In this sense, these cases do not strictly fall within the ambition of Regulation (EC) No 883/2004. There is no division in statistics on PD S2 according to the issuance for services included or not included in the healthcare basket.

**** MT: only the number of PDs S2 issued are reported without making a distinction between both possibilities.

***** UK: due to changes in the systems of authorising and issuing PDs S2, it is not possible to provide an accurate position for 2013.

Source Administrative data PD S2 Questionnaire 2014

5. Conclusion

This report on the collection of data on PD S2 applies to reference year 2013 and was provided by the MSs on a voluntary basis. Given that the reporting exercise did not cover all MSs, the conclusions are to be assessed in the light of this limited data availability.

Planned cross-border healthcare seems to be rather limited observing that for about 15 out of 100,000 insured persons a PD U2 was issued in 2013. However, planned cross-border healthcare is broader than only the PD S2 scheme. Several MSs report the existence of parallel procedures.

While the obligation of issuing prior authorisation in accordance with Article 20 of Regulation (EC) No 883/2004 refers to treatments that are among the benefits provided by the Member States providing the authorisation, a number of MS will issue a PD S2 even for also care that is not included in the services provided for by their legislation.

There is no clear view on the main grounds to receive planned cross-border healthcare. Push and pull factors may have an impact. Geographical proximity is only one possible reason, and only applicable to a number of MSs. About 80% of the reported PDs S2 were issued by a neighbouring MS.

Only 4.7% of the requests for a PD S2 were refused. There does not seem to be any indication of a different refusal rate depending on which MS is indicated as the destination where the scheduled treatment will be received. The most frequent reason to refuse a request for a PD S2 by the competent MS is reported to be the fact that care may be delivered within a medically acceptable period in the competent MS.

Annex 1 The existence of parallel schemes

Table A1.1 The existence of parallel schemes, 2013*

MS	YES/NO	Description
BE	YES	1) principal residence in a border region; 2) functional rehabilitation in DE for insured persons living in the German-speaking community; 3) cooperation agreements which makes it easier to obtain prior authorisation in border areas (IZOM, ZOAST ...); 4) PD S2 'maternity' (Decided in the 254 th meeting of the AC) for the benefit of pregnant women who, for personal reasons, wish to give birth in another MS.
BG	NO	Not applicable
CZ	YES	In cases where the application relates to healthcare not included in the services provided for by the legislation of CZ, which is not covered according to the legislation of the other MS concerned that is subject to the application, or when the application relates to healthcare covered according to the legislation of the other MS concerned, but it has to be provided in a non-contractual healthcare facility, and is, however, the only option in terms of health condition of the patient in question, the Czech health insurance fund may consider granting approval to the applicant in accordance with § 16 of Act No. 48/1997 Coll., on public health insurance, as amended. In case such approval is granted, there is a direct payment made by the Czech health insurance fund to the healthcare facility providing the treatment.
DK		
DE		
EE	YES	EE grants authorisation on the basis of their national legislation. The criteria for granting the authorisation are the following: 1) healthcare service (or alternative) is not provided in EE; 2) the provision of the healthcare service applied for by the insured person is therapeutically justified; 3) the medical efficacy of the healthcare service applied for has been proved; 4) the average probability of the aim of the health service applied for being achieved is at least 50 per cent. If a board of doctors finds that these criteria are fulfilled EE grants the authorisation and issues a letter of guarantee to the healthcare facility or concludes a contract with the insured person on partial advance payment. EE only issues a PD S2 if the foreign healthcare facility does not accept the letter of guarantee and specifically requests the form. None of PDs S2 were issued on the basis of Article 20 of Regulation (EC) No 883/2004. Altogether, in 2013, EE made 232 decisions to send a person for a specific treatment abroad (EU, EFTA, CH). In most cases EE issued the letter of guarantee.
IE	n.a.	n.a.
GR	n.a.	n.a.
ES		
FR		
HR		
IT	NO	There are no parallel procedures allowing patients to seek healthcare abroad. If it is not possible to use PD S2 because the healthcare abroad is provided in a private structure, patients who got the authorization can get the reimbursement.
CY		
LV	NO	No parallel schemes.
LT	NO	No parallel schemes.
LU	YES	There are a few rare cases of authorisation outside the PD S2 scheme. This procedure is based on Article 20(2) of the Luxembourg Social Security Code and Article 26(3) and (4) of the CNS Regulations. The Social Security Medical Examiner authorises treatment outside the PD S2 scheme, which is reimbursed on the basis of rates set by analogy with those applied in Luxembourg.
HU**	YES	The number of S2 forms is not representative of numbers for planned treatment abroad. There are treatments in the EU where the health-care provider is a private provider; therefore they do not accept a PD S2 or no PD S2 is used for genetic testing. If the healthcare service care cannot be delivered in HU and there is a real chance for improving the quality of life of the patient, the competent institution gives authorisation for planned cross-border treatment. For genetic and biochemical analysis' or bone marrow donor search the competent institution does not issue a PD S2 because these centres request direct payment. In these cases the competent institution issues a guarantee letter for payment.
MT	n.a.	n.a.
NL	YES	A parallel scheme is in place under the health insurance act, since the health insurance act contains the principle of world coverage. Persons may apply for reimbursement of costs under the health insurance act, as long as the treatment is within the basket of care.
AT		
PL	n.a.	n.a.
PT	YES	1. The Portuguese National Health System has legislation in force that recognises the right of patients to have access to specialised healthcare abroad which, for lack of technical or human

MS	YES/NO	Description
		<p>means, cannot be provided within the Portuguese Health System.</p> <p>2. The process of medical assistance abroad is organised by the public hospital of the National Health Service where the patient is being treated and is subject to prior authorisation of the Director-General of Health.</p> <p>3. The hospital must specify the following:</p> <ul style="list-style-type: none"> *The reasons that underlie the impossibility, material and human, of the medical assistance to be provided in a national health institution; *The clinical aim of displacement; *Foreign healthcare Institutions (inside or outside the EU or EEA) where the patient can receive medical care and its fundamentals; *The maximum period for the medical assistance; otherwise, it will not produce its normal, useful effect; *If the patient needs to be accompanied by a person, with or without adequate technical training; *A report with resource to consultants and experts of recognised competence in the clinical issues under appreciation. <p>4. If the Director-General of Health authorises the patient to travel abroad, the National Health Service will assume the full payment of all medical expenses, accommodation, travel, meals and medication.</p> <p>5. The requests for medical assistance must be concluded within 15 days and, in cases of exceptional urgency, within five days.</p> <p>6. In 2013, 496 patients were authorised for treatment abroad under this legislation.</p> <p>7. The Director-General of Health has not authorised only two cases, insofar as the treatment was available in PT within a reasonable time.</p>
RO		<p>Reimbursement of medical services provided to insured Romanians without prior authorisation in the MSs of the EU/EEA/CH.</p> <p>A parallel procedure is used when the insured person leaves the planned treatment without prior approval of the competent institution. The health insurance institution where the person is registered as an insured person will pay the value of medical services provided. According to Article 8 of CNAS Order No 729 of 17 July 2009 approving the Methodological Norms regarding reimbursement and recovery of the cost of healthcare provided under the provisions of international documents in the field of health to which RO is a party, as amended and supplemented, the reimbursement is made at the written request of the insured, a family member (parent, husband/wife, son/daughter) or persons authorised by him/her, accompanied by supporting documents. The health insurance fund reimburses the value of medical services provided and paid for, at the tariffs in RO provided for by regulations in force at the date of payment, for the insured person.</p>
SI		
SK	n.a.	n.a.
FI		<p>On the basis of the Finnish Health Care Act (1326/2010, 56§) also the hospital districts (forming a part of the public healthcare system) issued the form E112 until 31.12.2013. From 1.1.2014 when the new Finnish Act on Cross border Health Care entered into force, 56§ of the Health Care Act was repealed and, accordingly, the hospital districts do not issue the E112 form anymore.</p> <p>If a patient wants to receive healthcare abroad, the public healthcare unit in FI can also, if necessary, purchase this healthcare from abroad. In these cases the public healthcare unit in FI also pays directly to the healthcare provider abroad and the patient receives the healthcare as in FI (same client fee etc).</p>
SE		
UK***	n.a.	n.a.
IS		
LI	YES	In line with the national legislation (KVG FL), in certain cases it is possible and stipulated by agreement that services can or must be provided abroad (e.g. where not offered in LI or in the case of agreements with foreign service providers).
NO		
CH		

* n.a.: no data available; blank: non-response.

** HU: in 2013, 646 Hungarian patients received planned treatment abroad. This number contains 71 cases in which the patients did not leave the MS but bone marrow was delivered in HU. This total number differs from the 334 issued PDs S2 reported for HU in Table 1.

*** UK: due to changes in the systems of authorising and issuing PDs S2, it is not possible to provide an accurate position for 2013.

Source Qualitative data PD S2 Questionnaire 2014

Annex 2 Additional analysis of PDs S2 issued and received and refused requests

Table A2.1 The percentage of insured persons who received a PD S2, 2013*

MS	Number of insured persons (A)**	Number of PDs S2 issued (B)	% of insured persons who received a PD S2 (B/A)
BE	5,117,974	1,190	0.0023%
BG	6,099,760	235	0.0039%
CZ	10,415,087	100	0.0010%
DK	n.a.		
DE	69,800,000		
EE	1,231,203	52	0.0042%
IE	n.a.	683	
EL	9,950,000	486	0.0049%
ES	3,991,706		
FR	58,800,000		
HR	4,349,133		
IT	58,901,313	4,933	0.0084%
CY	438,796		
LV	2,262,302	174	0.0077%
LT	2,986,863	74	0.0025%
LU	762,410	17,538	2.3003%
HU	9,463,727	334	0.0035%
MT	205,549	33	0.0161%
NL	16,774,183	1,264	0.0075%
AT	8,567,710		
PL	35,261,020	88	0.0002%
PT	n.a.	28	
RO	18,107,722	1,049	0.0058%
SI	2,079,143		
SK	5,197,880	769	0.0148%
FI	5,447,051	59	0.0011%
SE	n.a.		
UK	n.a.	1,216	
IS	325,671		
LI	37,910	261	0.6885%
NO	n.a.		
CH	8,060,000		
Total			0.0152%

* n.a.: no data available; blank: non-response.

** It is not always clear how MSs have interpreted the wording 'insured person'. Some MSs might have used a narrow definition (excluding members of the family, pensioners ...) (i.e. BE).

Source Administrative data PD S2 Questionnaire 2014 and EHIC Questionnaire 2014

Table A2.2 PDs S2 issued, breakdown by receiving MS, 2013 (column %)*,**,***

Receiving MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	EU 28	IS	LI	NO	CH
BE	0.0	26.0	2.0			0.0	2.0	4.9				5.2		0.6	4.1	24.5	0.3	0.0	80.2		14.8	3.6	2.2		0.1	0.0		3.7			0.0		
BG	0.2	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.1		0.0	0.0		0.8			0.0		
CZ	0.2	0.0	0.0			0.0	0.0	0.0				0.1		0.0	0.0	0.0	0.0	0.0	0.2		0.0	0.0	0.1		76.3	0.0		3.6			0.0		
DK	0.1	0.0	0.0			0.0	0.0	0.0				0.0		2.3	2.7	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.2			0.0		
DE	44.5	50.6	30.0			38.5	0.9	23.0				17.0		33.3	37.8	57.9	28.4	0.0	16.1		50.0	10.7	43.6		6.8	38.2		6.7			0.4		
EE	0.1	0.0	0.0			0.0	0.0	0.0				0.0		13.8	13.5	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	32.4		0.1		0.0			
IE	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		1.1			0.0		
EL	0.1	0.4	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.6			0.0		
ES	0.9	0.4	0.0			1.9	0.0	0.0				0.8		0.0	0.0	0.1	0.0	0.0	0.0		0.0	14.3	0.4		0.0	2.9		16.4			0.0		
FR	26.1	8.1	0.0			0.0	0.0	16.3				26.3		0.6	1.4	14.2	1.8	0.0	0.8		2.3	57.1	11.5		0.7	5.9		11.0			0.0		
HR	0.0	0.0	6.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.1			0.0		
IT	0.5	2.6	0.0			0.0	0.1	16.9				6.2		0.0	0.0	0.3	0.0	42.4	0.0		4.5	7.1	12.1		0.1	2.9		2.5			0.0		
CY	0.1	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.2			0.0		
LV	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.1			0.0		
LT	0.0	0.0	0.0			0.0	0.0	0.0				0.0		37.9	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		1.2			0.0		
LU	4.4	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.2			0.0		
HU	0.0	0.0	1.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	3.6	5.6		0.0	0.0		2.3			0.0		
MT	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.1	0.0		0.0			0.0		
NL	19.0	0.4	5.0			1.9	0.9	0.2				0.5		3.4	20.3	0.3	0.0	0.0	0.0		3.4	0.0	0.5		0.5	0.0		1.6			0.0		
AT	0.2	7.2	1.0			0.0	0.1	18.9				3.6		0.0	0.0	0.1	28.7	0.0	0.0		2.3	0.0	22.5		13.3	0.0		1.0			1.9		
PL	0.1	0.9	1.0			0.0	1.2	0.0				0.4		0.6	8.1	0.0	0.0	0.0	0.0		0.0	0.0	0.1		0.4	0.0		34.8			0.0		
PT	0.1	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.2	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.2			0.0		
RO	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	2.9		0.2			0.0		
SI	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.0			0.0		
SK	0.0	0.0	8.0			0.0	0.0	0.0				0.1		0.6	0.0	0.0	0.3	0.0	0.0		0.0	0.0	0.1		0.0	0.0		7.9			0.0		
FI	0.1	0.0	3.0			30.8	0.0	0.0				0.0		2.3	0.0	0.0	0.0	0.0	0.1		0.0	0.0	0.0		0.0	0.0		0.4			0.0		
SE	0.0	2.6	1.0			5.8	4.1	1.4				0.4		1.1	0.0	0.1	0.3	0.0	0.0		2.3	0.0	0.0		0.1	5.9		1.0			0.0		
UK	2.0	0.4	2.0			21.2	90.3	13.6				2.6		2.3	4.1	0.1	1.5	0.0	0.2		14.8	3.6	0.5		0.5	2.9		0.8			0.0		
EU28	98.6	99.6	60.0			100	99.7	95.3				63.3		98.9	91.9	97.9	61.4	42.4	97.5		94.3	100	99.2		99.0	94.1		98.8			2.3		
IS	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.0			0.0		
LI	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.0			0.0		
NO	0.0	0.0	0.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0		0.0	0.0		0.1			0.0		
CH	1.4	0.4	4.0			0.0	0.3	4.7				36.7		1.1	8.1	2.1	38.6	57.6	2.5		5.7	0.0	0.0		1.0	0.0		1.2			97.7		
N.s.	0.0	0.0	36.0			0.0	0.0	0.0				0.0		0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.8		0.0	5.9		0.0			0.0		
Total	100	100	100			100	100	100				100		100	100	100	100	100	100		100	100	100		100	100		100			100		

* blank: non-response.

** □ = in top 3 as receiving MS.

*** Red colour: neighbouring MS.

Source Administrative data PD S2 Questionnaire 2014

Table A2.3 PDs S2 received, breakdown by issuing MS, 2013 (column %)^{*,**,***}

Issuing MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	EU 28	IS	LI	NO	CH	
BE	0.0	40.0	0.2				0.0								0.0	59.8	0.0				0.5		0.0	0.3	3.4		0.6							
BG	0.8	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0	0.3	0.0		0.2							
CZ	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.2		0.0		62.3	0.0		0.0						
DK	0.1	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.3	0.0		1.1						
DE	1.3	20.0	4.1				0.0								0.0	9.2	66.7				27.7		50.0		7.2	0.0		0.5						
EE	0.0	0.0	0.0				0.0								0.0	0.0	2.1				0.0		0.0		0.0	55.2		0.5						
IE	0.1	0.0	0.0				0.0								0.0	0.0	0.0				2.0		0.0		0.0	0.0		80.4						
EL	0.6	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		5.6						
ES	0.2	0.0	0.9				0.0								0.0	0.5	0.0				0.7		0.0		0.3	31.0		0.6						
FR	8.1	0.0	0.9				0.0								0.0	28.9	2.1				1.0		0.0		0.3	0.0		0.5						
HR	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.0						
IT	4.5	0.0	1.1				0.0								0.0	0.2	2.1				2.0		0.0		0.7	0.0		5.0						
CY	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		1.1						
LV	0.1	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	3.4		0.2						
LT	0.0	0.0	0.0				0.0								0.0	0.0	0.0				1.7		0.0		0.0	0.0		0.4						
LU	33.5	0.0	0.0				0.0								0.0	0.0	4.2				0.0		0.0		0.0	0.0		0.7						
HU	0.1	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.3	0.0		0.1						
MT	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.0						
NL	48.7	0.0	0.1				0.0								0.0	1.0	0.0				1.2		0.0		0.0	0.0		0.5						
AT	0.1	0.0	0.6				0.0								0.0	0.0	2.1				0.2		0.0		4.5	0.0		0.3						
PL	0.4	0.0	0.2				0.0								0.0	0.0	6.3				0.0		0.0		0.3	0.0		0.5						
PT	0.1	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.0						
RO	0.5	0.0	0.2				0.0								0.0	0.0	10.4				0.0		0.0		0.3	0.0		0.4						
SI	0.1	0.0	0.2				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.4						
SK	0.2	0.0	80.7				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.1						
FI	0.1	0.0	0.0				0.0								0.0	0.1	0.0				0.0		0.0		0.0	0.0		0.0						
SE	0.1	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	6.9		0.3						
UK	0.6	40.0	10.6				100								2.0	0.4	4.2				62.0		50.0		21.9	0.0		0.0						
EU28	100	100	99.8			n.a.	100	n.a.				n.a.	n.a.	100	100	100	n.a.	n.a.		99.3	100		99.3	100	99.7									
IS	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.0						
LI	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.0	0.0		0.0						
NO	0.0	0.0	0.2				0.0								0.0	0.0	0.0				0.7		0.0		0.0	0.0		0.0						
CH	0.0	0.0	0.0				0.0								0.0	0.0	0.0				0.0		0.0		0.7	0.0		0.3						
Tot.	100	100	100			n.a.	100	n.a.				n.a.	n.a.	100	100	100	n.a.	n.a.		100	100		100	100	100	100	100		100					

* n.a.: no data available; blank: non-response.

** □ = in top 3 as issuing MS.

*** Red colour: neighbouring MS.

Source Administrative data PD S2 Questionnaire 2014

Table A2.4 The percentage of refused requests,* 2013 (in %)

Receiving MS	BE	BG	CZ	DK	DE	EE	IE	EL	ES	FR	HR	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	LI	NO	CH
BE		7.6	50.0				6.7	0.0				1.5		50.0	0.0	2.3					7.1	0.0	4.2		50.0	100.0		0.0				
BG	33.3																						0.0		100.0	100.0		0.0				
CZ	66.7											12.5				28.6							0.0		6.4			0.0				
DK												100.0		20.0	0.0	80.0								100.0			0.0					
DE	13.7	7.0	31.8			4.8	25.0	13.8				3.0		4.9	0.0	3.4					26.7	62.5	2.8		3.7	31.6		0.0		0.0		
EE	0.0		100.0											7.7	0.0										69.4		0.0					
IE																0.0												0.0				
EL	66.7	50.0														0.0												0.0				
ES	26.7	0.0				0.0						16.7				30.0					33.3	33.3			50.0		1.0					
FR	26.3	5.0	100.0					2.5				2.0		0.0	0.0	3.0					50.0	15.8	2.4		37.5	0.0		1.5				
HR			0.0																									0.0				
IT	53.8	0.0	100.0				0.0	1.2				0.3				17.5					33.3	0.0	3.1		0.0	0.0		3.1				
CY	0.0																											0.0				
LV																										100.0		0.0				
LT														1.5														0.0				
LU	22.4											0.0																0.0				
HU	100		0.0									0.0				0.0					0.0	3.3		100.0		0.0						
MT																									0.0							
NL	32.9	50.0	0.0			0.0	0.0	0.0				4.0	25.0	0.0	9.6						0.0	100.0	16.7		0.0		0.0					
AT	33.3	10.5	66.7			50.0	1.1					6.3				20.0					0.0		2.5		6.4		0.0		0.0			
PL	80.0	0.0	0.0			11.1						0.0	0.0	0.0	40.0								0.0		0.0		0.0					
PT	50.0															27.5												0.0				
RO															100.0											0.0		0.0				
SI												0.0			0.0																	
SK			33.3									25.0	0.0										0.0				1.0					
FI	50.0		0.0			23.8						0.0	0.0	0.0													0.0					
SE		0.0	0.0			0.0	6.7	0.0				8.3	33.3	30.8						0.0				0.0	33.3		0.0					
UK	27.3	0.0	0.0			0.0	3.0	15.4				1.5	0.0	0.0	18.5					18.8	0.0	16.7		0.0	0.0		0.0					
EU28	23.3	7.5	29.4			10.3	3.7	6.8				2.7	6.0	0.0	3.4					22.4	28.2	3.1		7.0	53.6		0.5			0.0		
IS																																
LI																																
NO																												0.0				
CH	34.6	0.0	0.0			0.0	0.0					1.1	0.0	0.0	3.9					0.0		100.0		11.1	100.0		0.0		0.0			
Total	23.5	7.5	20.0			10.3	3.7	6.5				2.1	5.9	0.0	3.4					21.4	28.2	3.1		7.0	52.8		0.5		0.0			

* Refused requests= PDs S2 refused / (PDs S2 issued + PDs S2 refused)

Source Administrative data PD S2 Questionnaire 2014

Annex 3 Country abbreviations

Table A3 Country abbreviations

Abbreviation	Country
BE	Belgium
BG	Bulgaria
CZ	Czech Republic
DK	Denmark
DE	Germany
EE	Estonia
IE	Ireland
EL	Greece
ES	Spain
FR	France
HR	Croatia
IT	Italy
CY	Cyprus
LV	Latvia
LT	Lithuania
LU	Luxembourg
HU	Hungary
MT	Malta
NL	Netherlands
AT	Austria
PL	Poland
PT	Portugal
RO	Romania
SI	Slovenia
SK	Slovak Republic
FI	Finland
SE	Sweden
UK	United Kingdom
IS	Iceland
NO	Norway
LI	Liechtenstein
CH	Switzerland

Annex 4 PD S2 Questionnaire

1/ Countries in which patients have been authorised to receive care by the reporting Member State (= number of issued S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates of the decisions to issue authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Member State	Number of S2 forms issued in year N for each State
BE	
CZ	
DK	
DE	
EE	
EL	
ES	
FR	
IE	
IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
SK	
SI	
FI	
SE	
UK	
BG	
RO	
IS	
LI	
NO	
CH	
Total number of S2 forms issued by the reporting country for care in other Member State	

2/ Countries from which patients have been authorised to receive care in the reporting Member State (= number of received S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates the S2 form was received by the appropriate healthcare institution in the reporting country under in year N.

Member State	Number of S2 forms received in year N from each State
BE	
CZ	
DK	
DE	
EE	
EL	
ES	
FR	
IE	
IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
SK	
SI	
FI	
SE	
UK	
BG	
RO	
IS	
LI	
NO	
CH	
Total number of S2 forms received by the reporting Member State	

3/ Countries in which patients have been refused by the reporting Member State authorisations to receive care (= number of refused S2 forms)

Each Member State shall indicate "not applicable" in its own row.

N.B. This is determined by the dates of the decisions to refuse authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Member State	Number of S2 forms refused in year N for each State
BE	
CZ	
DK	
DE	
EE	
EL	
ES	
FR	
IE	

IT	
CY	
LV	
LT	
LU	
HU	
MT	
NL	
AT	
PL	
PT	
SK	
SI	
FI	
SE	
UK	
BG	
RO	
IS	
LI	
NO	
CH	
Total number of S2 forms refused by the reporting country for care in other Member State	

4/ Reasons for refusals to issue an S2 form

(Reason 1): the care in question is not included in the services provided for by the legislation of your Member State

(Reason 2): the care in question may be delivered within a medically acceptable period in the competent State

(Reason 3): other circumstances (for example: incomplete file, non-compliance with procedures, institution requesting a second opinion).

N.B. This is determined by the dates of decisions to refuse authorisation for issuing an S2 form, even if the request for authorisation was received in year N-1.

Year	Number of refusals for Reason 1	Number of refusals for Reason 2	Number of refusals for Reason 3
N			

5/ Number of contested decisions to refuse authorisation to issue an S2 form in year N

Year	Number of contested decisions to refuse to issue an S2 form
N	

6/ Number of S2 forms issued

- For care that is included in the services provided for by the legislation of your Member State
- For care that is not included in the services provided for by the legislation of your Member State

--

7/ It is possible that the number of S2 forms is not representative of the number of patients covered for health care abroad for certain Member States, on account of the existence of parallel procedures allowing patients to seek healthcare abroad.

Please describe, if applicable, the existence of parallel schemes to the S2 system, the procedures how these schemes work and their consequences for the people concerned.

--

8/ Your explanatory comments on the data forwarded

If necessary, please make any comments that may make it easier to understand the data transmitted in accordance with your national legislation or practice.

--